P.O. Box 488

Pierce

**Sumner, WA 98390** 

Fleischmann's Vinegar

NAME

**ADDRESS** 

COUNTY

**FACILITY** 

LOCATION

Fleischmann's Vinegar Co., Inc.

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## **DISCHARGE MONITORING REPORT (DMR)**

(2-16)

WA0038598 PERMIT NUMBER

001 **DISCHARGE NUMBER** 

(17-19)

## **Submit Monthly**

Form Approved. OMB No. 2040-0004

NOTE: Read instructions before completing this form.

	MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY				
FR OM			01	TO							
	(20-21)	(22-23)	(24-25)	_	(26-27)	(28-29)	(30-31)				

PARAMETER		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) (38-45)				NO. EX.	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
Flow	SAMPLE MEASUREMENT										
1 10W	PERMIT REQUIREMENT	12,000	12,000	GPD					0	01/30	GRAB
рН	SAMPLE MEASUREMENT										
P11	PERMIT REQUIREMENT				6		9	S.U.	0	01/30	GRAB
BOD <sub>5</sub>	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1418	1418	lbs/day					0	01/30	GRAB
BOD <sub>5</sub>	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					142	142	mg/L	0	01/30	GRAB
TSS	SAMPLE MEASUREMENT										
100	PERMIT REQUIREMENT	4500	4500	lbs/day					0	01/30	GRAB
TSS	SAMPLE MEASUREMENT										
100	PERMIT REQUIREMENT					450	450	mg/L	0	01/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
PRODUCTIVE PRINCIPAL EXECUTIVE OFFICER DE EN		ITIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHME PARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH .  GMED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHE .  JUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PI .  SONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPON .  BERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF M.		A SYSTEM IERED AND PERSON OR NSIBLE FOR MY	TEM AND OR		TELEPHONE		DATE		
AR PO		SIGNIFICANT PENALTIES I	E, ACCURATE, AND COMPLE FOR SUBMITTING FALSE II SONMENT FOR KNOWING VI	NFORMATION, INCL DLATIONS. SEE 18	UDING THE	LATURE OF BRING:	EVECUTIVE	\			
TYPED OR PRINTED  100 \$10  \$10  COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference)		I AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES 0 000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEA				SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE			UMBER	YEAR N	IO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## **DISCHARGE MONITORING REPORT (DMR)**

(2-16) WA0038598

PERMIT NUMBER

(17-19)

002

**DISCHARGE NUMBER** 

Form Approved. OMB No. 2040-0004

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**Submit Monthly** 

Fleischmann's Vinegar Co., Inc.

P.O. Box 488 **ADDRESS** 

**Sumner, WA 98390** 

**Pierce** COUNTY

Fleischmann's Vinegar **FACILITY** 

LOCATION

NAME

	MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY				
FR OM			01	ТО							
	(20-21)	(22-23)	(24-25)	_	(26-27)	(28-29)	(30-31)				

PARAMETER		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX.	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
Flow	SAMPLE MEASUREMENT										
1 IOW	PERMIT REQUIREMENT	0.58	0.58	MGD					0	01/30	GRAB
Ammonia	SAMPLE MEASUREMENT										
7 drillionia	PERMIT REQUIREMENT	3.9	3.9	lbs/day					0	01/30	GRAB
Ammonia	SAMPLE MEASUREMENT										
7 driirionia	PERMIT REQUIREMENT					0.81	0.81	mg/L	0	01/30	GRAB
n∐	SAMPLE MEASUREMENT										
pH	PERMIT REQUIREMENT				6		9	S.U.	0	01/30	GRAB
Tomporaturo	SAMPLE MEASUREMENT										
Temperature	PERMIT REQUIREMENT					86	86	°F	0	01/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
SAMPL MEASUREN											
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	ARE POSS	VLEDGE AND BELIEF, TRUE SIGNIFICANT PENALTIES F SIBILITY OF FINE AND IMPRIS	LUDING THE USC §								
TYPED OR PRINTED	\$10,0	STU, USU AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.) OFFICER OR AUTHORIZED AGENT CODE					IUMBER	YEAR N	MO DAY		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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